

# Tredyffrin/Easttown School District

## Student Health Services

The Pennsylvania School Health Act requires that all children entering Pennsylvania Schools meet the following requirements. **PLEASE NOTE:** These state requirements have changed effective 8/1/17.

1. **Immunizations** – Proof of these required immunizations must be provided at the time of registration.

Children in All grades (K-12) need the following vaccines:

- 4 doses of tetanus, diphtheria and acellular pertussis\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of polio (4<sup>th</sup> dose on or after 4<sup>th</sup> birthday and at least 6 months after previous dose given)
- 2 doses of measles, mumps and rubella \*\* (given after 12 months)
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox- vaccine given after 12 months) or history of the disease

**Children 7<sup>th</sup>-12<sup>th</sup> Grade –ADDITIONAL immunization requirements for attendance:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
- 2 doses meningococcal conjugate vaccine (MCV)  
-1<sup>st</sup> dose given 11-15 years of age; a second dose is required at age 16 or entry into 12<sup>th</sup> grade.  
- If the dose was given at 16 years of age or older, only one dose is required.

\* Usually given as DTaP, DTP, DT, Td

\*\* Usually given as MMR

2. **Physical Examination report** consistent with Pennsylvania requirements; upon original entry, grade 6 and grade 11.
3. **Dental examination** for all students upon original entry, grade 3 and grade 7.

## Tredyffrin/Easttown School District Student Health History

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Is your child allergic to any drug, insect bite, food, or other substance? Are any allergies life-threatening? Does he/she carry an epipen?

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Does your child have any condition requiring special attention such as a cardiac problem, asthma, diabetes, epilepsy or other?

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Does your child have any problem with coordination or mobility? \_\_\_\_\_

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Does your child have any problem with vision, hearing, speech, or communication?

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Does your child have any socialization or emotional problems? \_\_\_\_\_

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Has your child had any serious accident, illness, or operation? \_\_\_\_\_

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Does your child take any medication? If so, what and why? \_\_\_\_\_

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Has your child had any of the following illnesses?

|                      |               |                      |
|----------------------|---------------|----------------------|
| Chicken Pox _____    | Mumps _____   | Whooping Cough _____ |
| German Measles _____ | Measles _____ | Polio _____          |

May the School Nurse share this information with other school staff? Yes \_\_\_ No \_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_